Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-0047

<u>A I</u>	For the	2010 calendar year, or tax year beginning $$ JUL 1 , 2010 and ending	JUN 30, 2011	•
B	Check if applicable	C Name of organization	D Employer identif	cation number
	Addres change			
F	∏Name change lnitial		36-2	540277
	ireturn Termin ated	JZIT BROADWAI AVE.		485-8494
Ļ	Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$	508,078.
	Applica tion pendin		H(a) Is this a group r	
	•	F Name and address of principal officer: K • L • SUSNOWSKI	for affiliates?	Yes X No
	F	SAME AS C ABOVE	H(b) Are all affiliates in	
		mpt status: X 501(c)(3)		list. (see instructions)
			H(c) Group exemption	n number ▶ M State of legal domicile: PA
		Summary	rear or tormation; 1913	M State of legal domicile; PA
		Briefly describe the organization's mission or most significant activities: ENCOURAGE	EMENT AND REC	OGNITION OF
Governance		HIGHER SCHOLASTIC STANDING, PROVIDING FINANC		
Ë		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of i		
Š			3	14
න න		lumber of independent voting members of the governing body (Part VI, line 1b)	4	13
es	5 7	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5
Activities &	6 7	otal number of volunteers (estimate if necessary)	6	400
Act	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	1 d	let unrelated business taxable income from Form 990-T, line 34		0.
	١		Prior Year	Current Year
9	,	Contributions and grants (Part VIII, line 1h)	25,311.	21,414.
Revenue		Program service revenue (Part VIII, line 2g)	377,805.	420,683.
æ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	18,420.	14,981.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,000.	51,000.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	468,536.	508,078.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,700.	30,900.
to.	1	Senefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,528.	150 060
žė	16a F	Professional fundralsing fees (Part IX, column (A), line 11e)	0.	150,868.
Expenses	b 7	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) Professional fundralsing fees (Part IX, column (A), line 11e) Total fundralsing expenses (Part IX, column (D), line 25)	V.	<u> </u>
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	318,873.	289,793.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	497,101.	471,561.
	19 F	Revenue less expenses. Subtract line 18 from line 12	-28,565.	36,517.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
asse	20 1	otal assets (Part X, line 16)	787,540.	824,057.
쭕	21 7	otal liabilities (Part X, line 26)	0.	0.
컐	22	let assets or fund balances. Subtract line 21 from line 20	787,540.	824,057.
1,455,000		Signature Block		
una	er penai	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
uue,	, conect	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Cia	_	Signature of officer	I Date	****
Sig: Her		R. L. SOSNOWSKI, EXECUTIVE DIRECTOR	Date	
1161	١ ١	Type or print name and title	· · · · · · · · · · · · · · · · · · ·	····
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		1 Topinor o signatoro	if self-employe	 1
Prej	parer	Firm's name WOLF & COMPANY LLP	Firm's EIN	<u> </u>
	-	Firm's address 1901 S. MEYERS RD, SUITE 500	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		OAKBROOK TERRACE, IL 60181-5209	Phone no. (630)545-4500
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					****
4c	(Code:) (Expenses \$	30,900.	including grants	of\$30,	900 •) (Revent	ie \$)
	SCHOLARSHIPS	AND RECOGI					MAST	
	STUDENTS WER	E GRANTED ?	ro 42 undi	ERGRADUA'	re/masters	STUDENTS	TO	RECOGNIZE
	THEIR ACHIEV	EMENT AND I	HIGH SCHO	LASTIC PO	OTENTIAL			***
								·····
								M.I
								P
4d	Other program services.	. (Describe in Schedu	le O.)					
	(Expenses \$	includin	a arants of \$		\/Revenue \$		1	

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436,004.

Total program service expenses

DELTA MU DELTA HONOR SOCIETY Form 990 (2010) 36-2540277 Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes, " complete Schedule D, Part II...... 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

operate one or more hospitals must attach audited financial statements (see instructions)

complete Schedule G, Part III

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Was the organization related to any tax-exempt or taxable entity?

Note. All Form 990 filers are required to complete Schedule O

Schedule N, Part II

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37

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X

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X

X

X

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Form 990 (2010) DELTA MU DELTA HONOR SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					Щ
			•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable		L (
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	-	- •			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	<u>[</u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?_		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	•				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action)	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ot?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		***********************	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:				1951 1234	
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		••••••	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		
				Form	990	(2010)

36-2540277

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			,	[X
Sec	tion A. Governing Body and Management					
				Y	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year		14			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			2000 10 2000 10 2000 10	
	officer, director, trustee, or key employee?		2	2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the				1	
	of officers, directors or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 98					X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	5			X
6	Does the organization have members or stockholders?		6	7	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer governing body?		7:	, _}	۱ ۲	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	ons?	7			
8	Did the organization contemporaneously document the meetings held or written actions undertaken of					
	by the following:					
а	The governing body?		8	a 3	ζ	590959905
b	Each committee with authority to act on behalf of the governing body?			5 Z	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				1	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		g	,		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
				Ye	es	No
10a	Does the organization have local chapters, branches, or affiliates?		10	a >	T	
	If "Yes," does the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with those of the organization?	*****	10	b 3	【 │	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ng the form?	[11	a >		
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	***************************************	12	a }	ζ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that coul	d give rise				
	to conflicts?		12	b >	₹	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," describe				
	in Schedule O how this is done					
13	Does the organization have a written whistieblower policy?					
14	Does the organization have a written document retention and destruction policy?		1	1 }	ζ	
15	Did the process for determining compensation of the following persons include a review and approval	by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official		15			
b	Other officers or key employees of the organization		15	b 2	ζ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		A 500			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a				
	taxable entity during the year?		16	a	Land I	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga					
	exempt status with respect to such arrangements?	·····	16	b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availa	able for			
	public inspection. Indicate how you make these available. Check all that apply.					
	X Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest polic	y, and f	inanci	al	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books an	d records of the orga	nization	:▶_		
	RICHARD L. SOSNOWSKI, SECRETARY - 708-485-8494 9217 BROADWAY AVE, BROOKFIELD, IL 60513-1251					
	3211 BROWNWI WAE' DECONETERN' IP 00312-1531		F-	rm QC	0 10	040;

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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours per	(c				app	ly)	compensation	compensation	amount of
	week	ē		Ĭ		Γ	<u> </u>	from	from related	other
	(describe	diec				ļ,		the	organizations	compensation
	hours for related	tee or	stee			nsate		organization	(W-2/1099-MISC)	from the
	organizations	真	ᄪ		oyee	mo		(W-2/1099-MISC)		organization
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
	0)	프	35	曹	å.	물통	됺			Organizations
RICHARD SOSNOWSKI										
EXECUTIVE DIRECTOR	40.00	X	Ì	X				60,500.	0.	0.
DR. CHARLES FAZZI										
PRESIDENT	1.00	Х		X				0.	0.	0.
DR, JOHN LEWINGTON										
VICE PRESIDENT	1.00	Х		X				0.	0.	0.
DR. BRENDA HARPER										
VP EXT DEVELOPMENT	1.00	X		Х				0.	0.	0.
DR. PERRY GLEN MOORE										
TREASURER	1.00	X		X				0.	0.	0.
DR, MICHAEL V, LAROCCO										
PAST PRESIDENT	1.00	Х		X				0.	0.	0.
DR. SANDIE KIEHL						Г				
SECRETARY	1.00	Х		Х				0.	0.	0.
DR. CHARLES B. FINN									····	
REGIONAL REPRESENTATIVE	1.00	Х						0.	0.	0.
DR. MARIE GOULD										
REGIONAL REPRESENTATIVE	1.00	X						0.	0.	0.
DR. JIM EDMONDS										
REGIONAL REPRESENTATIVE	1.00	X						0.	0.	0.
PROF. SARA LEONE										<u></u>
REGIONAL REPRESENTATIVE	1.00	X						0.	0.	0.
PROF, JONI ADKINS										
REGIONAL REPRESENTATIVE	1.00	Х						0.	0.	0.
DR. GENE SMITH									······································	
REGIONAL REPRESENTATIVE	1.00	Х						0.	0.	0.
DR. JOEL MAIER										
REGIONAL REPRESENTATIVE	1.00	Х				L. 1		0.	0.	0.
						L				
										-
020007 40 04 40										

032007 12-21-10

Fart VII Section A. Officers, Directors, Tr		<u>mplo</u>	oyee			High	est		ees (continued)		-
(A)	(B)		(C) Position					(D)	(E)		(F)
Name and title	Average hours per	l for	heck				h/A	Reportable	Reportable		Estimated
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ë	compensation from the organization (W-2/1099-MISC)	compensatio from related organization (W-2/1099-MIS	SC)	amount of other ompensation from the organization and related rganizations
									- W. J. ₁₁₁ .		
		-									
		<u> </u>									
1b Sub-total c Total from continuation sheets to Part \	II Costion A	•••••	•••••	•••••			-	60,500. 0.		0.	0.
d Total (add lines 1b and 1c)								60,500.		0.	0.
Total number of individuals (Including but compensation from the organization							no re		,000 in reportable	9	0
										Tracela	Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	such individual							***************************************		3	X
For any individual listed on line 1a, is the s and related organizations greater than \$15	i0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual	-	4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue compei	nsat e <i>J f</i>	ion f	rom uch i	any pers	unr on	elat	ed organization or indivi	dual for services	5	l x
Section B. Independent Contractors											
Complete this table for your five highest contains the organization. NONE	ompensated in	eqet	∍nde	ent c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensatio	n from
(A) Name and busines:	address						1	(B) Description of s	ervices		(C) pensation
								<u></u>			
	~~~						$\perp$	160°.			
							_	7M 78			···
							+				
Total number of independent contractors		ot li	mite	d to			sted	above) who received m	ore than		
\$100,000 in compensation from the organ	ization 🕨				{	J				Eo	m <b>990</b> (2010)

Pa	τVI	Statement of Reven	nue	•			******	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns						
g a		Membership dues						
कें,इंह		Fundraising events					State of the state of the	
		Related organizations						
Š.Ë		Government grants (contributi	. —			55 (S. 540) (S. 55)	120 St. St. H. H. St.	
흎티	f	All other contributions, gifts, grant	1 1	04 444				22 4 1 1 1 1 1 1 1 1 1 1
윤뒝		similar amounts not included abov		21,414.				
들	_	Noncash contributions included in lines	<b>`</b>				98	
<u>0 e</u>	h	Total. Add lines 1a-1f			21,414.			
		WEWELL DIEG		Business Code				
<u>ğ</u>	2 a			900099	332,506.			
음을	þ		<u> </u>	900099	45,551.			
en S	C			900099	42,226.	42,226.		
Program Service Revenue	d	FEES		900099	400.	400.		
إ	е							
"	f				400 603		enitro Se o cristo de mento de entre sobre incresto de con-	
$\rightarrow$	g				420,683.			
l	3	Investment income (including			14 001			44 004
	_	other similar amounts)			14,981.			14,981.
	4	Income from investment of tax	•					
	5	Royalties		t .				
		Our a Banta	(i) Real	(ii) Personal				
		Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory  Less: cost or other basis						
1	D	and sales expenses						
	^	Gain or (loss)						FB (1798-175)
- 1		Net gain or (loss)						
		Gross income from fundraising						
ě	Ų ū	including \$	of			gos succes		
Š		contributions reported on line					1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	
Other Revenu		Part IV, line 18	•					
ᇐ	h	Less: direct expenses	b					
۰		Net income or (loss) from fund						
		Gross income from gaming ac			3.5 %			
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		<b>&gt;</b>	one-out and action and analysis (Finally) (1997) (1997) (1997)	anne and the second	vances 7 455, 165 125 155 7 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
		Gross sales of inventory, less	_					
		and allowances						
1	b	Less: cost of goods sold						
		Net income or (loss) from sale:		<b>&gt;</b>				
		Miscellaneous Revenu		Business Code				
	11 a			519100	36,000.		and the second section of the section of t	36,000.
	b	CREDIT CARD		519100	15,000.			15,000.
	c							
	d	***************************************						
	e	Total. Add lines 11a-11d			51,000.			
0000	12	Total revenue. See instructions.	***************************************	<b>&gt;</b> _	508,078.	420,683.	0.	65,981.
03200 12-21	-10					-	<u>-</u>	Form <b>990</b> (2010)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and		7.		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			Marie Communication of the Com	
	the U.S. See Part IV, line 22	30,900.	30,900.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	***************************************			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	60,500.	50,582.	7,934.	1,984.
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	79,096.	65,501.	11,123.	2,472.
8	Pension plan contributions (include section 401(k)			T	
	and section 403(b) employer contributions)			<u>-</u>	
9	Other employee benefits				
10	Payroll taxes	11,272.	10,248.	512.	512.
11	Fees for services (non-employees):				
а	Management				
b	Legal	281.		281.	
C	Accounting	4,611.	4,068.	214.	329.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	9,227.	8,305.	461.	461.
15	Royalties				
16	Occupancy	27,788.	23,999.	2,526.	1,263.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 511			
19	Conferences, conventions, and meetings	43,611.	43,611.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			*****	
23	Insurance	5,755.	5,755.	See All Market College (April 1975) and September 1975 and the second second second second second second second	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				350000000
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	06.010	0.0 0.15		
а	CHAPTERS	86,242.	86,242.		
b	SUBSCRIPTIONS	32,370.	32,370.		
c	PRINTING AND PUBLICATIO	31,447.	28,931.	0.	2,516.
d	TEMPORARY HELP	17,902.	17,902.	A 4 6 5	
е	MISCELLANEOUS	12,936.	10,990.	1,430.	516.
f	All other expenses	17,623.	16,600.	572.	451.
25	Total functional expenses. Add lines 1 through 24f	471,561.	436,004.	25,053.	10,504.
26	Joint costs. Check here  if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				<u></u>	- 000 /

032010 12-21-10

Form 990 (2010)
Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	122,391.	2	130,307
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		3	
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		SWAR	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
월   7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use		8	
<b>`</b>   9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
l	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	663,025.	12	691,626
13	Investments - program-related. See Part IV, line 11		13	0517020
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	2,124.	15	2,124
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	824,057
17	Accounts payable and accrued expenses		17	322,037
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22 22 22 22 22 22 22 22 22 22 22 22 2	highest compensated employees, and disqualified persons. Complete Part II			
22	of Schedule L Secured mortgages and notes payable to unrelated third parties		22	
23	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities. Complete Part X of Schedule D		24	
26	Total liabilities. Add lines 17 through 25		25	0
120	Organizations that follow SFAS 117, check here		26	V
_ဟ	lines 27 through 29, and lines 33 and 34.			
ဗ္ဗီ   ₂₇	Unrestricted net assets	543,786.	27	558,889
e 28	Temporarily restricted net assets	545,700.	28	6,000
m   29		243,754.		259,168
Ĕ   Ž	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here  and	223,132.	29	233,100
<u> </u>	complete lines 30 through 34.			
S 30				
es   30	Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		31	
§   32   33		787,540.	32	924 057
34	Total net assets or fund balances  Total liabilities and net assets/fund balances	787,540.	33	824,057
1 34	Total raprilles and het assets/fully paralices	101,540.	34	824,057

1 0111	000 (2010)	50	2740211	F	aye 🕰
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		**********		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50	8,	078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47	1,	561.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	6,	517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78	7,	540.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	82	4,	057.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	<del></del>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	***********	Х
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	э.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit	400,000	
	Act and OMB Circular A-133?	•••••	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Form	990	(2010)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number DELTA MU DELTA HONOR SOCIETY 36-2540277 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (III) Type of (i) Name of supported (II) EIN (iv) Is the organization (v) Did you notify the (vi) is the organization in col. (I) organized in the (vii) Amount of organization in col. (I) listed in your organization organization in col. (described on lines 1-9 support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

	edule A (Form 990 or 990-EZ) 2010						Page 2			
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi				
	(Complete only if you checke	ed the box on line 5	5, 7, or 8 of Part I o	or if the organizatio	n failed to qualify	under Part III. If the	organization			
_	fails to qualify under the test	s listed below, plea	ise complete Part	III.)						
	ction A. Public Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and	1								
	membership fees received. (Do not				***************************************					
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
	Total. Add lines 1 through 3			E vita sia irea materiali della compression						
5	The portion of total contributions									
	by each person (other than a		PARTING BURG							
	governmental unit or publicly			3 45 5 9 3 6 6		Section 1				
	supported organization) included									
	on line 1 that exceeds 2% of the	0.000000000								
	amount shown on line 11, column (f)									
	** ************************************									
	Public support. Subtract line 5 from line 4.									
-	ndar year (or fiscal year beginning in)	(-) 2000	#\cc-			T				
		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
	Amounts from line 4 Gross income from interest,									
0	•									
	dividends, payments received on									
	securities loans, rents, royalties									
٥	and income from similar sources  Net income from unrelated business									
9	activities, whether or not the									
	•									
10	business is regularly carried on  Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part IV.)									
44	Total support. Add lines 7 through 10									
		oto (coo instructi								
13	Gross receipts from related activities, First five years. If the Form 990 is for	r the erganization's	ofist assaud this		•••••••••••••••••••••••••••••••••••••••	12				
,,,	organization check this how and stor	i ille Olyanization s Shoro	inst, second, tim	u, iourin, or iitti ta	ix year as a sectio	n 501(c)(3)				
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage		***************************************		<u></u>			
14	Public support percentage for 2010 (	line 6. column (f) di	vided by line 11 o	olumn (A)		14				
15	Public support percentage from 2009	Schedule A. Part	Il line 14	Olumn (i)/	*********		<u>%</u>			
	33 1/3% support test - 2010.If the o	rganization did not	check the hox on	line 13 and line 1	A in 22 1/20/ or m	ore check this have	<u>%</u>			
	stop here. The organization qualifies	as a publicly supp	orted organization	inio io, alto inio i	4 15 55 17570 0/ 1/	iore, check this box	ano 🛌 🦳			
b	33 1/3% support test - 2009.If the o	roanization did not	check a box on li		lino 15 ie 22 1/20/	or more obselvible				
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation	III O IS OS 17576	or more, check this	DOX			
17a	10% -facts-and-circumstances tes	t - 2010.if the oras	enization did not el	neck a hov on line	13 16a or 16h -	nd line 14 is 100/	<b>&gt;</b>			
	7a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
-	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	on did not check a	box on line 13. 16	a, 16b, 17a, or 17h	o. check this how a	nd see instructions	<b>K</b> H			
			, / -			dule A (Form 990 o				
							· · · · · · · · · · · · · · · · · · ·			

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	, ,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		,			(0/200	(i) rotar
	membership fees received. (Do not						
	include any "unusual grants.")	28,702.	15,448.	20,734.	25,311.	21.414.	111,609.
2	Gross receipts from admissions,		<u> </u>	•			
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	310,198.	337.566.	323 601.	376 405	118 231	1766004.
3	Gross receipts from activities that	320,200	007,0001	323,001.	370,2031	410,234.	1700004.
٠	are not an unrelated trade or bus-						
	iness under section 513						
_	*********	ļ					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to					•	
	the organization without charge						
6	Total. Add lines 1 through 5	338,900.	353,014.	344,335.	401,716.	439,648.	1877613.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)		Earth Carlo March Carlo				1877613.
Sec	ction B. Total Support						10//013:
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(4) 2009	(a) 2010	/f\ Total
	Amounts from line 6	338,900.	353,014.	(c) 2008 344, 335.	(d)2009 401,716.	(e) 2010 439,648.	(f) Total 1877613.
	Gross income from interest.	000,000			101,710.	400,040.	10//013.
	dividends, payments received on	}					
	securities loans, rents, royalties and income from similar sources	53,462.	77,297.	89,437.	66,820.	60 156	255 450
L	Unrelated business taxable income	33,4021	11,251.	09,437.	00,020.	00,430.	355,472.
I.	(less section 511 taxes) from businesses						
	anguired offer June 20, 1075						
	acquired after June 30, 1975	F2 462	77 007	00 425	66 000		
	Add lines 10a and 10b	53,462.	77,297.	89,437.	66,820.	68,456.	355,472.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)	392,362.	430,311.	433,772.	468,536.	508,104.	2233085.
14	First five years. If the Form 990 is for						ation.
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (	line 8, column (f) di	ivided by line 13, c	olumn (f))		15	84.08 %
	Public support percentage from 2009					16	94.48 %
Sec	tion D. Computation of Inve	stment Incom	e Percentage			- <del></del>	
17	Investment income percentage for 20			e 13, column (f))		17	15.92 %
18	Investment income percentage from	2009 Schedule A. I	Part III. line 17	,	**********	18	5.52 %
	33 1/3% support tests - 2010. If the	organization did n	ot check the boy	on line 14 and line		3 1/3% and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a nublish s	industry excepts	o 17070, and IMB 1 stion	/ is not ►X
h	33 1/3% support tests - 2009. If the	organization did n	organization quali of check a hav an	line 11 or line 100	and line 40 is	ativit	▶ ഥ
	line 18 is not more than 33 1/3%, che	organization and at	on here. The area	mic in or ille 19a	, and me to is mo	re man 33 1/3%, 8	# I
20	Private foundation. If the organization	on did not check a	hox on line 1/1 10	nization qualities a nor 10h cheal th	ie hov and ass i	tructions	<b>~</b>
	are remarked to discuss the contract to	v. 100n a		., ~; ; vv, v; 156K li l	ii voa aliu see ins	HUGUUIS	<b></b>   1

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization Employer identification number DELTA MU DELTA HONOR SOCIETY 36-2540277 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

### DELTA MU DELTA HONOR SOCIETY

36-2540277

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VALLI GURRAM  1115 FAIRENO  NAPERVILLE, IL 60540	\$\$.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MICROSOFT MATCHING GIFTS PO BOX 7405 PRINCETON, NJ 60513	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	FAITH PEREIRA  547 BAYPORT AVE  BAYPORT, NY 11705	\$5,500 <b>.</b>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part If

Employer identification number

#### DELTA MU DELTA HONOR SOCIETY

36-2540277

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

me of orga	nization		Employer identification number				
ELTA I	MU DELTA HONOR SOCIETY		36-2540277				
art III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info	columns (a) through (e) and th us, charitable, etc., contribution	ion 501(c)(7), (8), or (10) organizations aggregating ne following line entry. For organizations completing ns of				
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I .							
- -		(e) Transfer of gi	•				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
) No. rom Part I	(b) Purpose of gift	(d) Description of how gift is held					
		(e) Transfer of gi	ift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift					
	Transferee's name, address, ar	Ift Polationship of transferor to transferor					
	Transieree o mante, address, ar		Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gl	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DELTA MU DELTA HONOR SOCIETY

Employer identification number 36-2540277

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	ised only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic structure	cture included in (a)	2c
	Number of conservation easements included in (c) acquired af		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year >	•	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	edic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it I	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170()	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 110	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	••••••	<b>&gt;</b> \$

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

(a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Cost (c)	
(2) Closely-held equity interests (3) Other (A) OTHER INVESTMENTS (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ 691, 626.  Part VIII   Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (1) (2) (3) (4) (6) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX   Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	
(3) Other (A) OTHER INVESTMENTS (B) (C) (C) (D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
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(C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (8) line 12.) ▶ 691, 626.    Part Viii   Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (f) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	
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(E) (F) (G) (H) (I) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ 691, 626.  Part VIII Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book v (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (11) (22) (33) (44) (55) (65) (66) (77) (87) (98) (99) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100)	
(F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► 691, 626.  Part VIII Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of	
(G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ 691, 626 •    Part VIII   Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book v.  (b) Book v.  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) (e) Hother description (b) Book v.  (b) Book v.	
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Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►         691, 626.           Part VIII   Investments - Program Related. See Form 990, Part X, line 13.         (c) Method of valuation: Cost or end-of-year market value           (1)         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (10)           Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►         Part IX Other Assets. See Form 990, Part X, line 15.           (a) Description         (b) Book v           (1)         (2)           (3)         (4)	
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (a) Description of investment type   (b) Book value   (c) Method of valuation: Cost or end-of-year market value	
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part   X   Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book v  (1) (2) (3) (4)	
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(4) (5) (6) (7) (8) (9) (10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book v. (1) (2) (3) (4)	
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(6) (7) (8) (9) (10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book v. (1) (2) (3) (4)	
(7) (8) (9) (10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book v. (1) (2) (3) (4)	
(8) (9) (10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book v. (1) (2) (3) (4)	
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Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)         Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book v.         (1)       (2)         (3)       (4)	
Part IX   Other Assets. See Form 990, Part X, line 15.   (a) Description   (b) Book v.   (1)   (2)   (3)   (4)	
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(2) (3) (4)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.	
(1) Federal income taxes	
(2) (3)	4467860000000000000000000000000000000000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)  FIN 48 (ASC 740) Feotrote. In Part XIV, provide the text of the corporate to the organization's financial statements that reports the organization's flacinity for uncertain tax positions under 15 N 48 (ASC 740).	

032053 12-20-10

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

ž Employer identification number 36-2540277Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Enter total number of section 501(c)(3) and government organizations recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) ElN (c) IRC section or government or government assistance if applicable cash grant assistance or government or government assistance or government assistance or government or government assistance or government or government or government assistance or government or governm Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. SOCIETY 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. DELTA MU DELTA HONOR General Information on Grants and Assistance 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service Part Part

Schedule I (Form 990) (2010)

36-2540277

Schedule I (Form 990) (2010) DELTA MU DELTA HONOR SUCLETY

Fart III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MILDRED R. MARION AWARD		2,000.			
PAT & TONY JABLONSKY AWARD	+	2,000.	.0		
ALBERT J. ESCHER AWARD	1	1,500.	0.		
J. FORANOCE AWARD	+	1,500.	• 0		
JAMES F. GIFFIN AWARD	1	1,000.	•0		
Part N Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: STUDENTS COMPLETE A SCHOLARSHIP APPLICATION	be the information required i	required in Part I, I STE A SCHO	n Part I, line 2, and any other additional informa SCHOLARSHIP APPLICATION	additional information.	
IS REVIEWED BY A PANEL	OF JUDGES.		SCHOLARSHIPS ARE AWARDED	AWARDED	
BASED ON THREE CRITERIA: ACADEMICS,	, LEADERSHIP,		AND CHARACTER.	amma of tree desired report the tree desired and desired and desired and desired and desired and desired and d	

Schedule I (Form 990) (2010)

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Schedule I (Form 990)	DELTA M	U DELTA	HONOR	DELTA MU DELTA HONOR SOCIETY	36-2
Part III Continuation of Grants an	nd Other Assist	Assistance to Individuals	iduals in the	Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ABDERRAHMAN ROBANA AWARD	Ť.	1,000.1	0		
WALTER F. ROHRS AWARD	1.	1,000.	• 0		
BALWANT SINGH AWARD	1.	1,000.	*0		
HELEN D. SNOW AWARD	ř.	1,000.	.0		
\$1,000 AWARDS	16.	16,000.	.0		
HONORABLE MENTION AWARDS - \$100	91	1,900.	.0		
RAJAN FAMILY SCHOLARSHIP AWARD	ਜੰ	1,000.	0		
	***************************************				
					Schedule I (Form 990)

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047 **2010** 

Open To Public Inspection

Name of the organization

DELTA MU DELTA HONOR SOCIETY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Employer identification number 36-2540277

Part   Excess	Benefit '	Transacti	ons (sect	on 501(c)(3	) and section	n 501(c)(4) organizati	ons only)			,			
						line 25a or 25b, or Fo			V line 40	)h			
1									* ; m10 -10	<u> </u>	(c) Corr	ected?	
(a) Na	me or also	qualified per	son		(b) Description of transaction							No.	
								•				- 1	
			····										
								****					
2 Enter the amount of	f tax impo	sed on the o	organization	n managers	or disqualifi	ed persons during th	e year ur	der		""		•	
section 4958							• • • • • • • • • • • • • • • • • • • •	*********	. 🕨 \$				
3 Enter the amount of	f tax, if an	y, on line 2,	above, rein	bursed by	the organiza	tion		******	. 🕨 \$				
		Fuene Ind		B									
# Long Communication of the Co		From Int											
						line 26, or Form 990-l	Z, Part \	/, line 3	За.				
(a) Name of interest person and purpo		(b) Loan the orga	to or from	(c) Origin	al principal	(d) Balance due		) In	by bo	oroved ard or	(g) W		
person and purpe	226			-  ""	amount		deta	ault?	comm	ittee?	agreer	nent?	
	···	То	From				Yes	No	Yes	No	Yes	No	
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լotal Part III   Grants o	r Acciet	ance Bor	ofiting I	ntorooto	▶ \$ d Persons							6045545	
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			vered "Yes		90, Part IV, I			<del></del>					
(a) Name of in	terestea p	erson		(b) Relatio	tionship between interested person and the organization (c) Amount assi					ount and	t and type of		
						,411,411011		4	•	assistai i	<del> </del>		
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Schedule L (Form 990 or 990-EZ) 2010

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

DELTA MU DELTA HONOR SOCIETY	36-2540277
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
QUALIFIED AND DESERVING STUDENTS	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
MEMBERSHIP.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
TRAINING AND EDUCATION: NATIONAL AND REGIONAL MEETINGS WE	RE HELD
PROVIDING INFORMATION ON CHAPTER OPERATIONS AND SCHOLASTI	C RECOGNITION
ATTENDED BY FACULTY AND ADMINISTRATORS, THIS PROGRAM INCR	EASES THE
EFFECTIVENESS OF DMD CHAPTERS	
FORM 990, PART VI, SECTION A, LINE 2: THE REGIONAL REPRES	ENTATIVE IS AT
THE SAME UNIVERSITY AND WORKS FOR THE OUTGOING PRESIDENT.	
FORM 990, PART VI, SECTION A, LINE 6: CERTAIN MEMBERS OF	THE ORGANIZATION
ARE STOCKHOLDERS.	
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION H	AS MEMBERS,
STOCKHOLDERS, OR OTHER PERSONS WHO MAY ELECT ONE OR MORE I	MEMBERS OF THE
GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7B: AT THE BIENNIAL COL	NFERENCE THE
ACTIONS OF THE BOARD WILL BE PRESENTED TO THE GOVERNING CI	HAPTER FOR
APPROVAL. DISAGREEMENT CAN RESULT IN DIRECTIVES AND/OR RI	EPLACEMENT OF
OFFICERS ON THE SLATE.	
HA For Paperwork Reduction Act Notice see the Instructions for Form 000 or 000 F7	

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Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization  DELTA MU DELTA HONOR SOCIETY	Employer identification number 36-2540277
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWE	D BY THE
TREASURER, THE FINANCE COMMITTEE AND THE AUDIT COMMITTEE;	ALL OF WHOM
REPORT BACK AT THE NEXT BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REPORT AT	THE FALL BOARD
MEETING	
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRE	CTOR PERFORMED AN
AREA SURVEY UTILIZING AN EMPLOYMENT AGENCY. RESULTS ARE	REVIEWED BY THE
TREASURER.	
FORM 990, PART VI, SECTION C, LINE 18: ALL ARE AVAILABLE DELTA'S WEBSITE UNDER "ABOUT US."	ON DELTA MU
FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE DELTA'S WEBSITE UNDER "ABOUT US."	ON DELTA MU
FORM 990, PART XII, LINE 2C	
THE PROCESS FOLLOWED BY THE AUDIT COMMITTEE FOR OVERSIGHT	OF THE ANNUAL
AUDIT HAS NOT CHANGED.	